



GEORGIA DEPARTMENT OF AGRICULTURE

Capitol Square, Atlanta, Georgia 30334-4201

Application For Renewal Of Soil Amendment Registration

APPLICANT NAME _____ DATE _____
BUSINESS NAME _____ TYPE OF BUSINESS ☐ Individual ☐ Partnership ☐ Corporation
(if different) _____ (as it appears on label) ☐ Legal Trust _____
ADDRESS _____ CITY _____ ST _____ ZIP _____
TELEPHONE _____ FAX NO. _____ FEI or SSN# _____
AUTHORIZED SIGNATURE _____ ☐ Owner ☐ Partner _____ (title)
☐ Corporate Officer _____
NAME (print) _____ CONTACT PERSON (print) _____

Application is being here by made to renew the following soil amendment registration(s) for the year beginning January 1, _____.

Product Name	Registration No.	\$55.00 per product
TOTAL DUE		

MAIL TO: Georgia Department of Agriculture, Plant Food, Feed & Grain, 19 MLK Jr. Dr., SW, Atlanta, Georgia 30334-4201

FOR DEPARTMENTAL USE ONLY **FOR DEPARTMENTAL USE ONLY** **FOR DEPARTMENTAL USE ONLY**

Date: _____

GEORGIA DEPARTMENT OF AGRICULTURE

Voucher No.: _____

BY _____
DIVISION MANAGER